

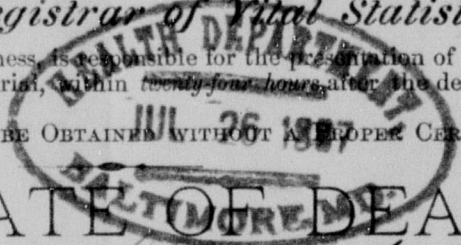
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A-1729 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, Mary Reinfels
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female ✓
{ Cross out the word not required in this line. }

Age, 22 Years, 10 Months, 26 Days

Color, White

Married, Single, Widow or Widower, Married
{ Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, Balt City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1637 Abbot St.
{ Give Street and Number. }

Cause of Death, Phthis Pulmonalis
Apnoea
2 years
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Church

Date of Burial, July 27 1887

Undertaker, Henry Hoeck

Place of Business, 1023 Center Ave Address, 920 N. Broadway

Chas B. Ligon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No.

172

Office of Registrar of Vital Statistics.

Ward

18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 25 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louis J. Franzke.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age,

25 Years,

8

Months,

Days.

Color,

White.

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Clerk.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

630 S. Fremont.

Cause of Death, { First (Primary), Second (Immediate), }

Rheumatism
Endocarditis
8 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery.

Date of Burial,

July 27th / 87, 4 P.M.

{ Undertaker,

B. Naeve, Jr. & Co.

{ Place of Business,

82 West St.

R. J. N. Fall M. D.

Medical Attendant.

Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do; under penalty of law. No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1887

Full Name of Deceased, Stanley Hill

Sex, Male or Female, Female

Age, One Years,

Color, White Months, 18 Days, 12

Married, Single, Widow or Widower, Single

Occupation, Librarian

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, 327 S. Woodward

Place of Death, Cholera Infantum

Cause of Death, First (Primary),

Duration of Last Sickness, 3 days

Place of Burial, Waverly

Date of Burial, July 27th 1887

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore

Address, 735 W. Lombard

Medical Attendant, B. F. Phillips M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4784

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1723 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th '87

Full Name of Deceased, Hanz Haefner { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 38 Years, — Months, — Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, Germany - 20 years { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 20 years

Place of Death, University Hospital { Give Street and Number. }

Cause of Death, Tuberculosis pulmonum { First (Primary), }
Exhaustion { Second (Immediate), }

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, July 26

Undertaker, Walter Linnel C. K. Mitchell M. D. Medical Attendant.

Place of Business, 594 W. Biddle Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1724 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 24 1887

Full Name of Deceased, Mary Kane
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male
{ Cross out the word not required in this line. }

Age, 67 Years, 7 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, Seaman

Birth Place, Ireland
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 years

Place of Death, 830 Annapolis St.
{ Give Street and Number. }

Cause of Death, Apoplexy
Paralysis
8 days
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, July 27 1887

Undertaker, G. P. M. and E. J. Williams M. D.

Place of Business, Don & Wolfe Address, 2026 Elmhurst St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 1725 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Surman

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 88 Years, _____ Months, _____ Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert Co. Md.

Duration of Residence in the City of Baltimore, 89 yrs

Place of Death, { Give Street and Number. } 1721 Patapsco St

Cause of Death, { First (Primary), Second (Immediate), } Old age
Bilious Dysentery

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, July 27/1887

{ Undertaker, Christy & Co Medical Attendant, Robert S. Rowe M. D.

{ Place of Business, 715 Light Address, 1018 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1726 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26. 89
Full Name of Deceased, George Hymen
Sex, Male or Female, Male
Age, 18 Years, — Months, — Days
Color, White
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, ✓
Occupation, Book
Birth Place, Baltimore
Duration of Residence in the City of Baltimore, Lifetime
Place of Death, 110 (o.k.) High St
Cause of Death, Neuragic Rheumatism
Paralysis Heart
9 months
Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet
Date of Burial, July 29th 1889
Undertaker, Christy Medical Attendant, H.B. Noble M. D.
Place of Business, 715 Light Address, 301 Warren av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

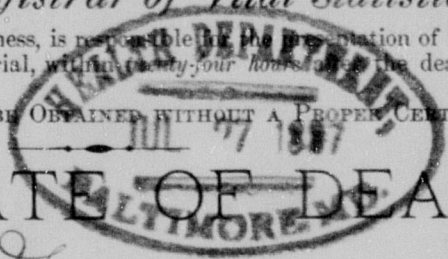
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132, Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. A. 1727 Office of Registrar of Vital Statistics. Ward 13²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 28th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Young

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 4 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 221 Arundel St

Cause of Death, { First (Primary), Second (Immediate), } Enteroviolentus

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 28th 1887

{ Undertaker, M Cadogan } H F Hill M. D. Medical Attendant.

{ Place of Business, 221 Muller St } Address, 1001 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1728

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 26 1887.

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Caroline & Jacob Mauser

Sex, Male or Female, Cross out the word not required in this line.

Age, — Years, — Months, 7 Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line.

Occupation, —

Birth Place, State or country, and how long in the United States, if of foreign birth. 902 Canton St

Duration of Residence in the City of Baltimore, —

Place of Death, Give Street and Number. 902 Canton St

Cause of Death, First (Primary), Second (Immediate), Organic

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, July 27 1887 A. S. Warner M. D.

Undertaker, — Medical Attendant.

Place of Business, 1710 Canton St Address, Park & 2nd

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore. 3

Permit No.

1729

Office of Registrar of Vital Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Amelia Houff

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Female

Age, ~~Years~~,

10

Months,

20

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City
Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

No 261. S. Ann st

Cause of Death, { First (Primary),

Menigitis (Tubercular)

Second (Immediate),

Duration of Last Sickness,

two weeks

All the above information should be furnished by the Physician.

Place of Burial, 5th Reform St. Paul Cem.

Date of Burial, July 27

Undertaker, W. Duffel

Thomas B. Evans - M. D.
Medical Attendant

Place of Business, 330 S. Bond st Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]